UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/192
31 December 1996

ORIGINAL: English

Second regular session 1997
10 -14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ecuador

Proposed UNFPA assistance: $5 million, $4 million from regular resources and $1 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.4	1.0	4.4
Population & development strategies	.2	-	.2
Advocacy	.4	-	.4
Total	4.0	1.0	5.0

/...

ECUADOR

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	84.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	53.0	≥55
Access to basic health services (%)[3]	88.0	≥60
Infant mortality rate (/1000)[4]	50.0	≤50
Maternal mortality rate (/100,000)[5]	170.0	≤100
Gross female enrolment rate at primary level (%)[6]	92.6	≥75
Adult female literacy rate(%)[7]	87.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	11,460
Population in year 2000 (000)	12,646
Sex ratio (/100 females)	101.0
Per cent urban	58.4
Age distribution (%)	
Ages 0-14	36.4
Youth (15-24)	20.5
Ages 60+	6.5
Percentage of women aged 15-49	51.3
Median age (years)	21.4
Population density (/sq. km.)	40
Annual population growth rate (%)	2.0
Urban	3.1
Rural	0.2
Crude birth rate (/1000)	25.6
Crude death rate (/1000)	6.0
Net migration rate (/1000)	0.0
Total fertility rate (woman)	3.10
Life expectancy at birth (years)	
Males	67.3
Females	72.5
Both sexes	69.8
GNP per capita (U.S. dollars, 1994)	1,310

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Ecuador in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5 million, of which $4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second programme of assistance in Ecuador.

2. The proposed programme is based on the findings and recommendations of the UNFPA programme review and strategy development (PRSD) mission that visited Ecuador in October 1996. The findings and recommendations of this mission have been fully subscribed to by the Government. The proposed programme is harmonized with the programming cycles of UNDP and UNICEF.

3. The main purpose of the proposed programme is to assist the Government in improving the reproductive health of Ecuadorians with an emphasis on the needs of disadvantaged women, including indigenous women, and adolescents. Meeting five of the threshold indicators, Ecuador is a category "B"country under UNFPA's new system of resource allocation. The programme will concentrate its assistance in six provinces with large rural populations. The other components of the programme include strengthening the planning and programming skills of local and decentralized government staff for population and related advocacy activities and making the delivery of reproductive health care nationwide more reflective of and better adapted to the needs and concerns of rural women, especially indigenous women, and adolescents.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Ecuador has 11.5 million people, and in spite of rapid urban growth, the rural population still accounts for 42 per cent of the total. According to World Bank figures, approximately 60 per cent of the nation lives below the poverty line, while in the countryside, where most of the indigenous peoples live, it is close to 90 per cent. Of the total rural population in poverty, 63 per cent are classified as being extremely poor, ten times more than in urban areas. Poverty alleviation is a priority for the newly inaugurated Government, but the structural adjustment programme that is in place commits close to half of the national budget to payment of the country's external debt, creating severe limitations for the allocation of resources to the health and education sectors. Concerned with these

restrictions, the Government is committed to increasing the efficiency and impact of social programmes through decentralization and strategies aimed at the poorest sectors of the population.

6. The country's primary health care system has national coverage and, in principle, reaches 88 per cent of the population, although accessibility is much lower in rural areas. Moreover, many women do not use public sector services because of the low quality of care and the persistence of sociocultural barriers. Consequently, the maternal mortality rate is 170 per 100,000 live births, reaching as high as 250 per 100,000 in the rural highlands. Prenatal care is low, and in rural areas only 42 per cent of deliveries are attended by trained health personnel. The educational disadvantages of women limit their access to better health and community participation. In addition, the lack of a well-defined sex education programme and adequate information about sexuality places adolescents at high risk of sexual and reproductive ill health.

Previous UNFPA assistance

7. The first comprehensive UNFPA country programme in Ecuador was approved in 1990 for four years for a total of $7 million from UNFPA regular resources. It was extended for two years, without additional resources, to harmonize it with the programming cycles of other United Nations system agencies. During the past cycle, the network of implementing agencies was expanded to include not only governmental counterparts but also decentralized government units, local governments, private institutions, non-governmental organizations (NGOs) and organized community groups. Cooperation with local decentralized authorities has strengthened national execution and facilitated programme implementation. Ongoing projects have demonstrated the possibilities for community and decentralized authorities to join efforts towards the improvement of reproductive health at the local level, and cooperation with these partners will be strengthened in the next country programme.

8. The previous programme supported the development of an innovative approach for introducing population education in primary schools through a participatory process that involved communities and parents. This approach proved highly successful in producing educational materials sensitive to the local cultural context and in gaining community and parental support for their use. In addition, the development of a family planning logistics management system to guarantee adequate supply of contraceptives at local levels in several provinces proved very satisfactory at bringing contraceptive supplies to previously underserved areas. This system will be extended elsewhere in the provinces selected for UNFPA interventions. With the support of a UNFPA regional programme, an innovative model, the "Jambi Huasi", was developed for the delivery of health services to indigenous women. The model combined modern and traditional medicine providers in one facility and successfully increased access to both. The next programme proposes to take over this initial experiment and build upon its innovative approach.

9. Chief among the constraints to the effectiveness of the previous programme was the lack of coordination among the several donors working in the area of reproductive health. There were overlapping efforts in some areas, while other areas were left underserved. For the next country programme, UNFPA will contribute to the establishment of a coordinating mechanism with the Government and other donors to expedite communications and avoid overlapping. The Fund will build upon the special experience that it has gained in working with adolescents and other vulnerable groups, especially the rural indigenous population.

Other external assistance

10. The main donors for population activities in Ecuador have been the United States Agency for International Development (USAID) and UNFPA. Both have contributed towards meeting the country's requirements for contraceptives. To date, UNFPA has concentrated its contraceptive provision in the public sector, channelled through the Ministry of Health, while USAID, the largest provider in recent years, has been operating through cost-recovery schemes and by supporting NGOs, particularly those working in urban areas. USAID has announced its intention to continue to provide contraceptives over the next four years although its procurement does not cover the public sector.

11. UNFPA has worked closely with the World Health Organization (WHO) and UNICEF in reproductive health and family planning activities and will continue to do so during the coming programme cycle. A large World Bank loan is currently being used by the Government for health sector reform and strengthening the primary health care system, but it does not include reproductive health components.

Proposed programme

12. The proposed programme places emphasis on Ecuador's most disadvantaged women, including indigenous women, as well as on adolescents living in rural areas. In order to strengthen the decentralization and targeting strategies of the Government, the programme will concentrate its actions in the rural districts of six provinces where it will seek to improve the quality of services and technical competence of personnel in existing primary health care facilities. An essential part of this strategy is the coordination between the Ministry of Health and other institutional health service providers such as the armed forces, local governments, NGOs and organized community groups, as well as the direct involvement of the communities being served.

13. Although there are marked geographic and social differentials in the incidence of poverty and the access to services in Ecuador, the major existing gap remains between the rural and urban areas. The criteria used in selecting the provinces for programme interventions therefore are based on the rural indicators for maternal mortality, contraceptive prevalence, unsatisfied demand for family

planning services, infant mortality, poverty and availability of services. The provinces selected are Carchi, Chimborazo, Cotopaxi, Esmeraldas, Imbabura and Lojas.

14. Reproductive health. UNFPA will provide technical assistance to the Ministry of Health to aid in the transition from a maternal and child health and family planning approach to one based on the provision of comprehensive reproductive health services. It will also help the Ministry in developing a strategy for the sustainable provision of contraceptives, and in improving public services by helping to train health providers. In implementing its strategy, the programme will concentrate activities in 16 rural health districts, in the six focal provinces, whose demographic, health and education indicators are below national averages. These districts encompass 110 rural health centres covering approximately 170,000 rural women and 52,000 adolescents. If funds become available, this effort would be gradually expanded to 28 more rural health districts in four additional provinces.

15. The training programme for these rural health districts will aim at developing clinical and technical abilities, enhancing sensitivity to client diversity, upgrading counselling and communication skills and improving the handling of obstetric emergencies. The training of 20 local health managers will focus on service management skills and use of the contraceptive logistic system. All training activities will also disseminate the guidelines and norms approved by the Ministry of Health. The improvement in the quality of services will be reinforced with an information, education and communication IEC strategy to encourage communities to influence decisions affecting the quality and type of services being provided.

16. Over the span of the proposed programme, the Fund will supply contraceptives to meet the demands of the six selected provinces. This assistance will be scaled back annually in order to allow the Government to increase gradually its capacity to fund and sustain the country's demand for contraceptives. Technical assistance will be given to regional and local inter-institutional committees responsible for information on the incidence and causes of maternal mortality. In addition, the programme will reinforce sex education and reproductive health components for adolescents to reduce their risk of early pregnancies and sexually transmitted diseases, including HIV/AIDS.

17. Population and development strategies. The programme will support the training of local staff in the selected provinces in implementing the information systems needed for programming population and development activities for vulnerable groups. The training will be carried out by the University of Cuenca based on the experience developed during the previous programme with local governments and NGOs in the province of Azuay.

18. UNFPA will provide technical assistance to review the National Population Action Plan, with the aim of making it more responsive to the ongoing process of decentralization of governmental functions. In addition, the programme will promote the effective coordination of actions among local

governmental and NGOs working for women's concerns in order to incorporate gender as a cross-cutting and permanent consideration in the planning of basic social services.

19. Advocacy. The proposed programme will assist the Government in increasing national support for population and reproductive health programmes. This will include undertaking information activities for such key groups as policy makers, programme managers, parliamentarians, service providers and organized community groups to increase their commitment to meeting the country's reproductive health needs and for improving the quality of services offered. In line with government objectives, advocacy efforts will focus on increasing the commitment of national programmes to providing differentiated adolescent services, meeting the needs of indigenous populations, promoting male responsibility in family planning, encouraging gender equality, and fostering basic education -- especially for girls. The programme will also support the Government in its advocacy activities to enforce existing laws and legal remedies for violence against women and to mobilize the support of local institutions and civil society in the effort against domestic violence.

Implementation, monitoring, evaluation and coordination

20. The programme will be executed mainly by national institutions both at the central and decentralized levels. UNESCO will give technical backstopping for population education activities and the Pan-American Health Organization (PAHO) of WHO will execute the training of service providers in reproductive health and family planning as well as carry out the monitoring of maternal mortality and morbidity trends. The Fund will assist the Government in establishing baseline data for each of the selected provinces on the use of contraceptive methods, number of women screened for reproductive health infections, number of women receiving post-partum and post-abortion counseling and rates of maternal mortality. These data will aid in the evaluation of the results of the proposed programme upon its completion.

21. UNFPA will support the Government in coordinating international assistance in the population area. The Fund will also maintain close collaboration with WHO, UNICEF, UNESCO and other multilateral as well as bilateral agencies and organizations, including NGOs, in assisting Ecuador to implement its population-related activities, especially in the area of reproductive health. Constant exchange of information in population-related activities will be institutionalized by regular meetings of the representatives of the member agencies of the Joint Consultative Group on Policy (JCGP) and through the Resident Coordinator system, including meetings with the World Bank and regional multilateral organizations.

22. The programme will make full use of available and appropriate national and regional technical backstopping capacities and advisory services from the UNFPA Country Support Team based in Santiago, Chile. Finally, a matrix of indicators, including those of the ICPD Programme of Action, along with the interventions needed to reach them will be elaborated at the beginning of the

programme in order to measure overall programme development and progress. In addition, all projects will be subject to the standard progress reports, monitoring field visits and annual and final review meetings. A mid-term programme review will take place at the end of 1998, and a final review is anticipated by the end of 2000.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Ecuador as presented, in the amount of $5 million over the period 1997-2000, $4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.